

| CLAIMS ONLY | | | | | | | Application Number D411623519 | Filing Date |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| | | | | | | | Applicant(s) | |
| | | | | | | | * May be used for additional claims or amendments | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 20 | | | | | | | |
| Total Depend | 21 | | | | | | | |
| Total Claims | 41 | | | | | | | |